PTO/SB/22 (12-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008			Docket Number (Optional)	
			46872-287156	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/806,603			Filed March 23, 2	004
For METHODS AND SYSTEMS FOR CREATING ASSEMBLIES				
Art Unit 372	6		Examiner	
application.	t under the provisions of 37 CFR 1.136(a) to ext			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		Fee	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60.00</u>
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
[Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
□ Payment by credit card. Form PTO-2038 is attached.				
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.				
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
WARNING	ccount Number <u>16-1435</u> . I have enclosed: Information on this form may become public Provide credit card information and authoric	lic. Credit card info	rmation should not be i	ncluded on
I am the	applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record. Registration Number 58,909				
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
Juntully 01/14/08 (Monday) Signature Date				
N. Dean Powell, Jr. 336/607-7300				
Typed or printed name Telephone Number				
NOTE: Signatures more than one sig	s of all the inventors or assignees of record of the entirenture is required, see below.	e interest or their repres	entative(s) are required. Su	bmit multiple forms if
☐ Total of	forms are submitted.			